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**** CONTINUING DATA ******* *PS*
-none-

**** FOREIGN APPLICATIONS ******* *PS*
-none-

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u> </u> <i>PS</i> Examiner's Signature Initials				

ADDRESS
 48150

TITLE
 System and method for scalable cost-sensitive learning

FILING FEE RECEIVED 1434	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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